

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/049273** FILING DATE

APPLICANT(S)

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS	7			

CLAIMS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	7							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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